## INDIANA DEPARTMENT OF CHILD SERVICES

## INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL

Chapter 10: Adoption/Permanency Effective Date: June 1, 2013

Tool 10.B: Child Social Summary Version: 2

SERVICES SERVICES			Version: 2		
		CHILD SUMMARY			
CHILD'S F	IRST NAME:	CHILD'S NICKNAME	:		
DATE OF B	SIRTH:	SEX:			
RACE:					
SIBLINGS:					
REASON FOR DEPARTMENT OF CHILD SERVICES INVOLVEMENT/ ABUSE/NEGLECT:					
I. EVALUATION OF THE CHILD'S NEEDS IN AN ADOPTIVE HOME.					
Motl	FION OF PARENTAL R her Volumer Volumer HISTORY	ntary/Date	Involuntary/Date Involuntary/Date		
<ul><li>A. History of Birth Family:</li><li>B. Child's understanding of his past:</li><li>C. Status of Siblings:</li></ul>					
III. PHYSICAL DESCRIPTION OF THE CHILD					
HEIGHT:					
WEIGHT:					
EYE COLOR:					
HAIR COLOR:					
IDENTIFYING PHYSICAL FEATURES:					

Ī	Family Case Manager	Family Case Manager Supervisor
Ι	DATE UPDATED:	
Ι	DATE COMPLETED:	
IX.	CHILD'S STRENGTHS:	
	HISTORY OF PLACEMENTS:	
VII.	MEDICAL INFORMATION:	
VI.	PERSONALITY:	
V.	EMOTIONAL FUNCTIONING:	
IV.	EDUCATIONAL FUNCTIONING	<b>;</b> :